ACORD CERTIFICATE OF LIABIL								LITY INS	ITY INSURANCE				
PRODUCER (321)832-1500 FAX (321)832-1513  Public Risk Insurance Agency P. 0. Box 958455  Lake Mary, FL 32795  THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE DOES NOT AMEND, EXTINATION ALTER THE COVERAGE AFFORDED BY THE POLICIES												FICATE CTEND OR	
•								INSURERS	INSURERS AFFORDING COVERAGE				
INSURED Clay County Utility Authority								INSURER A: T	INSURER A: The St Paul Companies, Inc.				
3176 Old Jennings Road Middleburg, FL 32068								INSURER B:					
	1	miaai	ebui	rg, FL	32068			INSURER C:					
									INSURER D:				
COVERAGES								INSURER E:					
T A M P	HE PO NY RE IAY PE OLICII	DLICIES QUIREI RTAIN, S. AGO	MEN I THE	, LERM OI INSURAN	R CONDITION SE AFFORDE	VOF ANY CONTRACT	FOR OTHER D DESCRIBED H	OCUMENT WITH I	RESPECT TO WHIC	DLICY PERIOD INDICATE H THIS CERTIFICATE M. MS, EXCLUSIONS AND C	AV DE	ICCLIED OD	
LTR	ADD'L INSRD			OF INSURA	NCE	POLICY NUM	BER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LI	WITS		
		GENER				GF	P09313413	10/01/2006	10/01/2007	EACH OCCURRENCE	\$	2,000,000	
		X cc	_		RAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	\$	100,000		
A		CLAIMS MADE X OCCUR							MED EXP (Any one person)	\$			
^									PERSONAL & ADV INJURY	\$	2,000,000		
		GEN'L A	GGRE	GATE LIMIT	APPLIES PER:				GENERAL AGGREGATE	\$	2,000,000		
			LICY [	PRO-	Loc					PRODUCTS - COMP/OP AG	G \$	2,000,000	
A			UTOMOBILE LIABILITY			GP09313413	10/01/2006	10/01/2007	COMBINED SINGLE LIMIT (Ea accident)	\$	2,000,000		
		sc	HEDUL	ED AUTOS						BODILY INJURY (Per person)	\$		
		X HIRED AUTOS  NON-OWNED AUTOS  X Comp \$1000 Ded								BODILY INJURY (Per accident)	\$		
				\$1000 i						PROPERTY DAMAGE (Per accident)	\$		
		GARAG								AUTO ONLY - EA ACCIDENT	Г \$		
		AN	Y AUT	D						OTHER THAN EA AC	C \$		
		EVCESS	-/IN/DE	RELLA LIABI	· mv					AG	<del>-   `</del>		
			CUR		LAIMS MADE					EACH OCCURRENCE	\$		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		E IIIO MITEL					AGGREGATE	\$		
		DE	DUCTI	BLE							\$		
		RE	TENTIC	ON \$							\$		
				SATION AND	)			***************************************		WC STATU- OT TORY LIMITS E	H-		
	EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT	\$			
	OFFICER/MEMBER EXCLUDED? If yes, describe under									E.L. DISEASE - EA EMPLOY	EE \$		
	SPEC	IAL PRO	VISION	S below						E.L. DISEASE - POLICY LIMI	T \$		
	OTHE												
.ia :er	bili tifi	ty is	s sul FoH	bject 1 der is	to Floria listed a	es/exclusions adder la Statute 768 as additional Park High Scho	3.28 insured v	with respect:	s to the use	of the former I se (CDL) testing	)rive J COL	≗r's Irse	
CEI	TIE	CATE	HOLI	TED				CANOCILAT	ion:				
School Board of Clay County 900 Walnut Street								SHOULD ANY EXPIRATION I  O DAYS BUT FAILURE OF ANY KIND	CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL  O DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE				
									Paul Dawson/ROBIN				